North Dakota Behavioral Health Planning Council
Meeting Minutes – Quarterly Meeting
April 26, 2018
Approved May 23, 2018

Behavioral Health Planning Council Members Present: Vice-Chair Kurt Snyder (Heartview Foundation), Jeff Herman (Prairie St. John's), Carl Young (Parent), Tim Wicks (Veteran), Kim Osadchuk (Burleigh County Social Services), Brad Hawk (ND Indian Affairs Commission), Matt McCleary for Carlotta McCleary (ND Federation of Families for Children's Mental Health), Jodi Stittsworth (Family Member), Kirby Schmidtgall (ND National Guard), Deb Jendro (Consumer), Rosalie Etherington (ND Department of Human Services), Pam Sagness (ND Department of Human Services), Teresa Larsen (ND Protection & Advocacy Project), and Lisa Peterson (ND Department of Corrections & Rehabilitation).

Recorders: Rose Stoller, and Greg Gallagher, Consensus Council, Inc.

Invited Guests Present: Senator Judy Lee, Senator Tim Mathern, Representative Kathy Hogan, and Nancy McKenzie (PATH). Former legislator Pete Silbernagel was invited but unable to attend.

Call to Order: In the absence of Chair Lorraine Davis, Vice-Chair Kurt Snyder called the meeting to order at 10:15 a.m.

Quorum: Quorum was not achieved until later in the meeting (see below). The Council's current membership includes 23 active appointees, 4 standing vacancies and 3 recent resignations.

Introductions: Planning Council members provided self-introductions.

Approval of Minutes of February 20, 2018: Minutes were reviewed but unable to be approved due to lack of quorum at that time. See action later in summary.

Additions to the Agenda: None requested.

Presentation: Dr. Bevin Croft, Human Services Research Institute, (HSRI) provided an overview of the final report and recommendations of the North Dakota Behavioral Health System Study: http://www.nd.gov/dhs/info/pubs/docs/mhsa/2018-4-nd-behavioral-health-system-study-final-report-hsri.pdf. Dr. Croft noted that the study aimed for the following:

1. Conduct an in-depth review of North Dakota's behavioral health system;
2. Analyze current utilization and expenditure patterns by payer source;

3. Provide actionable recommendations for enhancing the comprehensiveness, integration, cost-effectiveness and recovery orientation of the behavioral health system to effectively meet the needs of the community; and
4. Establish strategies for implementing the recommendations produced in Aim 3.

Dr. Croft cited the Project Scope, Primary Data Sources, Key Findings and 13 Recommendations for North Dakota as follows *(additional, clarifying comments from presenter in italics)*:

1. Develop a comprehensive implementation plan. *It is recommended that DHS create a small and lean steering committee to develop a strategic plan, and to convene stakeholders and family members with lived experience.*
2. Invest in prevention and early intervention. *Dr. Croft indicated that there are many good models readily available for replication.*
3. Ensure all North Dakotans have timely access to behavioral health services.
4. Expand outpatient and community-based services. *Today, more people want to work, and are able to work. The system currently supports a very high percentage of nursing home placements, including many younger people. Recovery centers could be hubs for more advocacy and peer support but are underfunded.*
5. Enhance and streamline system of care for children and youth. *Expanding peer support according to national professional standards; not low-cost laborers*
6. Continue to implement/refine criminal justice strategy.
7. Engage in targeted efforts to recruit/retain a competent behavioral health workforce.
8. Expand the use of telebehavioral health. *There is merit in increasing telebehavioral health use for adult mental health services, substance use disorder and for youth. Native Americans are particularly under-represented in telebehavioral health measures.*
9. Ensure the system reflects its values of person-centeredness, cultural competencies, and trauma-informed approaches. *The system should design services for disparate populations: LGBTQ, New Americans, Native Americans: insure a trauma-informed system.*
10. Encourage and support the efforts of communities to promote high-quality services. *Greater emphasis should be placed on including peer-support in the service array. "Nothing about us, without us."*
11. Partner with tribal nations to increase health equity.
12. Diversify and enhance funding for behavioral health. *1915(i) amendments should be pursued so Medicaid can be billed for community support services. The state should identify grant programs, watch for RFPs, submit timely applications.*
13. Conduct ongoing, system-side, data-driven monitoring of needs and access.

Chair Snyder opened the meeting for questions and comments. He noted that the invited guests , members of the Legislative Assembly and others, were invited because they have been carrying the water on these issues for years. The Behavioral Health Stakeholders have been "on hold" since the last Legislative Session. This group had over

400 people engaged at one time and their voices are still needed to lobby and educate legislators about the needs.

Sen. Mathern indicated that the study fits a pattern of prior recommendations. He indicated that it would be helpful to add needed funding to each of the recommendations, so legislators could translate the recommendations into dollars as they prepare the state budget. Recognizing that these costs depend on many factors, such as waivers he noted that this is something the Behavioral Health Division has probably already calculated in some areas. HSRI consultants could work with DHS, local providers and stakeholders to address budget issues.

Sen. Lee indicated that we are behind the curve, regarding time. The HSRI report was originally scheduled to be completed in August 2017 – the lateness of the report impedes the ability to get any recommendations into the budget cycle for the 2019 Legislative Assembly.

There was discussion regarding the potential role of the Behavioral Health Planning Council in implementing any study recommendations, including assuming the administrative work for the Behavioral Health Stakeholders, and keeping them in the loop about the work of the Council. It was agreed that advancing any recommendations is not strictly the governments job. Any assurance of funding from the Legislative Assembly is problematic. Faith-based organizations could do more (sober living homes, medical respite beds) of some services that can make a significant impact.

Sen. Mathern believes that the Behavioral Health Planning Council should embrace this plan, and work to get it all in the Governor's budget. The Behavioral Health Stakeholder Group should take on the role of lobbying legislators and others.

Sen. Lee indicated a need to revise and re-energize the Behavioral Health Stakeholder Group (BHSG) in areas of importance and interest. The BHSG is now hosted by the UND Center for Rural Health: https://ruralhealth.und.edu/projects/nd-behavioral-health. DHS may build a budget that may not be included, in full, in the Governor's budget, especially in light of proposed budget cuts. DHS employees cannot advocate because they are required to support the Governor's budget. Sen. Lee stated that ND is not $800 million in the hole because deficit spending and budgeting is not allowed.

There was discussion regarding the urgency of Recommendation #1, the development of a comprehensive plan. The planning should include DHS (in the lead role), Behavioral Health Planning Council, Governor's Office, and the BHSG. There are multiple ways the planning could be accomplished including a special work group, input from the state Behavioral Health conference in September, and with the help of a new, streamlined planning grid, outlining the 13 HSRI recommendations. There was discussion about the Behavioral Health Planning Council assuming the role of leading this group. It was noted that this task is not necessarily spelled out in the Council's bylaws; therefore, it may

need to be requested from and added by the Governor. It was agreed that the Behavioral Health Planning Council should determine support and endorsement of the plan as a blueprint for the state and include a specific recommendation to the Governor's Office to serve in a lead role. DHS could also share the lead role in this effort, through a partnership with the Behavioral Health Planning Council membership.

Action Needed: Members stated that the Council should contact the Governor's Office soon to propose that the DHS, in partnership with the Behavioral Health Planning Council, adopt a comprehensive, statewide implementation plan, based on the study recommendations. DHS would facilitate the development of the plan, assure that the planning group is effective and inclusive, and present this plan to the Behavioral Health Planning Council at their next meeting. DHS would lead and include key partnerships, while staying lean, with a workable number of people as collaborators.

Dr. Croft noted the use of the collective impact framework as a best practice in such an effort: a small working group plus messengers (locals, Stakeholders, Mayors groups) plus a communication plan that reaches policymakers and the public.

Pam Sagness reported that DHS is closely reviewing the recommendations internally. She noted that there is a need to get others to support the concept of these changes and improvements, rather than just supporting a legislative bill. She noted the important role the business community could play in this area. She said that DHS doesn't want to delay or wait for a process. Instead, there are implementable actions that can be accomplished quickly. DHS has no additional resources or staff to lead this effort and does not want to set this up to fail. We should assure that we do not simply build more infrastructure while not progressing with actual implementation of recommendations.

Members discussed DHS prioritizing Recommendations #1 and #13, using a neutral facilitator to assist with the planning and implementation. Pam Sagness indicated that DHS does not need another entity to work with if the work is duplicative. The Behavioral Health Planning Council should be directly involved. She noted that the group could be less formal, without the need for notices, public information, etc. The Behavioral Health Planning Council has state and federal mandates to which it must adhere.

Teresa Larsen indicated that the Behavioral Health Planning Council should grab the report and run with it, asking for funding for everything (i.e. all recommendations) and let the Implementation/Steering Committee determine the priorities.

Sen. Mathern suggested that the Council consider endorsing a motion stating that the ND Behavioral Health Planning Council endorses the HSRI study final report and requests the Executive Branch (i.e. Governor and DHS) to develop an implementation plan, with funding attached, to be presented at the next Behavioral Health Planning Council meeting.

Sen. Mathern stated that similar information should also be provided to the Interim Human Services and Interim Health Committees for consideration. These Committees are next scheduled to meet July 26 and 27, 2018. Behavioral Health Planning Council members were reminded that their next, regularly scheduled quarterly meeting is October 17, 2018.

Kurt Snyder thanked the guests for their participation and they shared lunch and conversation with Council members. Kurt also thanked Prairie St. John's for sponsoring lunch for the group.

Quorum: Quorum was achieved upon several Council members joining the meeting during or shortly after lunch.

Approval of Minutes: CARL YOUNG MADE, AND JEFFREY HERMAN SECONDED A MOTION TO APPROVE THE MINUTES OF FEBRUARY 20, 2018. PASSED UNANIMOUSLY.

Additions to the Agenda: Matt McCleary requested that funding for the mental health block grant be added to the agenda.

Members discussed scheduling a BHPC meeting in June (potentially electronically or telephonically) in order to get a bill draft in front of the Interim Committee in June or July. It was suggested that the process begin with a smaller work group to gather ideas, draft the initial language, then release for public comment. The Council should engage the Committee Chair(s) to introduce the legislation. Volunteers for the work group, include Chair Lorraine Davis and Vice-Chair Kurt Snyder, Carlotta McCleary (volunteered by Matt McCleary), Carl Young, Teresa Larsen, Kirby Schmidtgall and Tim Wicks.

There was agreement that this action needs to be accomplished sooner rather than later, particularly to engage the Governor and Interim Committees. There was discussion regarding how the Governor's budget cuts would impact DHS. While DHS is included in the agencies being asked to cut 10%, Medicaid is not. Medicaid continues to grow, and DHS must continue to accommodate that growth. It was also noted that legislation could be generated by a state agency, a legislative committee, and/or from a group of legislators, by bill sponsorship.

Following discussion, it was agreed that the Behavioral Health Planning Council would schedule two, 2-hour conference calls: these will be held from *9:00 – 11:00 a.m. CT on Wednesday, May 23 and Friday, June 15, 2018*. These conference calls will serve to develop draft legislation and to provide tentative approval of revisions to the Behavioral Health Planning Council bylaws (see below and attached). There will need to be time for public comment, after which the Council could review the public comment and potentially approve the documents in final form by July. It will be imperative to have a

quorum for these calls and decisions. All members are notified that attendance and participation is required.

Committee/Work Group Reports and Updates:

Bylaws Committee: Teresa walked members through the changes to the bylaws as recommended by the Bylaws Committee (Teresa Larsen, Lisa Peterson and Tami Conrad from DHS). Additional changes are recommended based on full Council discussion. The draft Bylaws are attached to this set of meeting minutes and will be posted for review.

Case-management Committee: Kim reported that the ND Board of Social Work Examiners cancelled a meeting without notice. There is still a need to work together to define and agree on who can perform certain duties in other disciplines.

Other Business:

Mental Health Block Grant: Matt McCleary reported that Carlotta McCleary was attending a meeting sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) at which it was shared that state Mental Health Block Grants (MHBG) will receive an unprecedented increase in funding. DHS staff was asked whether they would prioritize peer support with additional funding. Pam Sagness answered that DHS has not been notified of increases and/or whether such funds might be earmarked for specific initiatives, determined at the federal level. Peer support is a priority for the BH Planning Council. She agreed to keep the Behavioral Health Planning Council members up-to-date on any changes in the funding of the MHBG.

Members discussed additional, priority needs for any increase in MHBG funds including the potential to contract with someone to coordinate the process for endorsing and promoting the HSRI report. Pam Sagness noted that only 5% of MHBG is designated for administrative costs (approximately $40,000) and does not even fund 1 FTE.

Orientation Materials: Tami Conrad and colleagues from DHS are preparing a packet of orientation information for new Behavioral Health Planning Council members. This information will be shared with all Council members for their reference.

Website Update: Rose reported that development of a relatively simple website for the Behavioral Health Planning Council would cost about $3,000, based on a conversation with local vendor KK Bold. This cost does not include annual hosting fees or administrative costs for routine maintenance and updates to a website. No further action was taken on this agenda item. This issue prompted discussion about social media and whether the Behavioral Health Planning Council could have a presence on Facebook, Twitter and/or other platforms. No clear guidance is available in this regard.

Public Meetings, Notices: Council members discussed the requirements of open records and open meeting laws, including giving proper and timely notice of meeting agendas, meeting minutes or any changes to meetings. It was reported that the best tool for learning the rules and staying in compliance is the ND Attorney Generals' Open Meetings Manual:
https://attorneygeneral.nd.gov/sites/ag/files/documents/OpenMeetingsManual.pdf.

There was a question regarding compliance requirements when sending email correspondence. Specifically, does the Council need to make such communication public as a matter of course, or only when requested? It was agreed that the Behavioral Health Planning Council would benefit from training in this area and noted that the Attorney General's Office does provide such training upon request.

Future Agenda Items: Behavioral Health Planning Council members discussed ideas for future meeting presentations including:

- Review any stakeholder input, gathered by various sources, required and voluntary (Regional Advisory Councils);
- Have a presentation by individuals who receive MHBG funds, other than the DHS Behavioral Health Division;
- AG Office: Training on open record and meetings requirements (AG Workbook);
- DHS Attorneys can also consult, answer questions, for the Council;
- Technical Assistance usage from national provider;
- Assistance was requested for planning, speakers, and topics of interest for the Behavioral Health Conference (September 4 – 7, 2018) in Fargo: contact Pam Sagness with ideas and suggestions; and
- A presentation, before legislative session, on Advocacy, testifying, education, lobbying.

It was agreed that the Behavioral Health Planning Council would schedule no presentations for the immediate future. Rather, the focus of meetings will remain on legislative issues and approval of bylaws. The Chair and Vice-Chair are asked to limit agendas to include those issues or other issues of importance or urgency that might arise.

Next Meetings:
Wednesday, May 23, 2018: 9:00 – 11:00 a.m. CT (phone and in-person)
Friday, June 15, 2018: 9:00 – 11:00 a.m. CT (phone and in-person)
Wednesday, October 17, 2018: 10:00 a.m. – 4:00 p.m. (in-person)

FACILTATOR NOTE: Meeting Agendas and logistics will be provided in a separate email to all Council Members.

Public comment: Vice-Chair Kurt Snyder called for public comment. None was offered.

ROSALIE ETHERINGTON MADE, AND TERESA LARSEN SECONDED, A MOTION TO ADJOURN. PASSED UNANIMOUSLY. MEETING ADJOURNED AT 3:56 p.m.

Respectfully submitted,

Rose M Stoller